

**Commonwealth of Massachusetts  
Department of State Police  
Crime Laboratory System**

I, James L Hanchett, hereby certify that I am the custodian of the record attached and this document is true and complete copy of the following case filed for **Sample Number:** [REDACTED]

- Department of Public Health State Laboratory Drug Chain of Custody Receipts from submission on May 23<sup>rd</sup>, 2012
- Department of Public Health State Laboratory Notes from James Hanchett for Sample numbers [REDACTED]
- Department of Public Health State Laboratory Analytical Results for Sample numbers [REDACTED]
- Department of Public Health State Laboratory Protocols for Sample numbers [REDACTED]
- Curriculum Vitae for James Hanchett

I further state that this record is kept in the normal course of business; that this record is kept in good faith; that is the regular course of the department of State Police Crime Laboratory Systems to make such a record.

Signed this date under the pains and penalties of perjury.

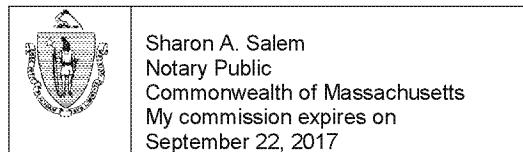
Date: May 10, 2017

Signature: \_\_\_\_\_  
Title: Forensic Scientist  
State Police Crime Laboratory

**Commonwealth of Massachusetts**

**Middlesex, ss.**

On this 27 day of February 2013, before me, the undersigned notary public, personally appeared James L. Hanchett, proved to me through satisfactory evidence of identification, which was a Massachusetts State Police ID, to be the person whose name is signed on this document and acknowledged to me that they signed it voluntarily for its stated purpose as a custodian of records for the State Police Crime Laboratory System.



Sharon A. Salem, NOTARY PUBLIC  
My commission expires on September 22, 2017

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